

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032540

318

1003

7983

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR

TOWN St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

4754 Cupples

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

4754 Cupples

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Carl

Middle

Hoffard

Last

4. DATE
OF
DEATH

Month

8

Day

13

Year

62

5. SEX

Male

6. COLOR OR RACE

Col.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-25-14

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Helena, Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lewis Hoffard

13b. MOTHER'S MAIDEN NAME

Gertrude Williams

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes ☒ No ☐ (If yes, give war or dates of service)

17. INFORMANT

Address

Stella Coleman-4754 Cupples

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Progressive Muscular Dystrophy

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

744.1

INTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☒HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

8:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

8-16-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8-20-62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson, Barracks, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

A.L. Beal Und.Co.-4303 Delmar

25. DATE REC'D. BY LOCAL REG.

AUG 16 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/591
2 206
3
4 2
5 2
6
7 1
8 2
9
10
11
12 90-3
13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 3100 Canton

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.